

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27247

Registrar's No. 2905

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
In this community 3 months

3. (a) PRINT FULL NAME Mrs. Louise Lapsley Burruss

3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Don't know (Month) (Day) (Year)

8. AGE: Years About 62 Months Days If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name William Lapsley
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Yantis
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Miss Barbara Burruss

(b) Address Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 8-1-41 (Date received local registrar) (b) M. B. Grove (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Jackson
(c) City or town Oakland (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from June 1 to July 31, 1941.
that I last saw him alive on July 21, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction Duration 2 hrs
Due to Coronary Sclerosis

Due to Atherosclerosis of arteries

Other conditions HTA
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy see above
942
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Harry J. Lane (M. D. or other)
Address Kansas City, Mo Date signed 8/1/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Keemo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.